

**STATE OF CALIFORNIA
DEPARTMENT OF TRANSPORTATION
MASS TRANSPORTATION PROGRAM**

**PROGRAM SUPPLEMENT/AMENDMENT
STATE FUNDED TRANSIT PROJECTS**

PROGRAM SUPPLEMENT NO.:		CTC PROJECT APPROVAL RESOLUTION NO.:	STIP	TCR	Other:
MASTER AGREEMENT NO.:		ALLOCATION RESOLUTION NO.:			

PROVISION SECTION

This PROGRAM SUPPLEMENT hereby incorporates all of the provisions contained in MASTER AGREEMENT No. _____, entered into between **STATE** and **RECIPIENT** on _____ and is subject to all the terms and conditions thereof. This PROGRAM SUPPLEMENT is adopted in accordance with ARTICLE I of the aforementioned MASTER AGREEMENT under authority of Resolution No. _____, approved by the **RECIPIENT** on _____. The **RECIPIENT** further stipulates that, as a condition to the reimbursement of State funds obligated to this PROJECT, it accepts and will comply with the covenants, obligations, terms and conditions set forth in said MASTER AGREEMENT and on the following page(s) of this PROGRAM SUPPLEMENT.

EFFECTIVE DATE			3 RD PARTY EFFECTIVE DATE	TERMINATION DATE			ALLOCATION AMT. (\$1,000's)		
STIP	TCR	Other:		STIP	TCR	Other:	STIP	TCR	Other:

PROJECT TITLE:

PROJECT SUMMARY:

REQUIRED SIGNATURES

Recipient: _____
By: _____
(signature of designated officer)
Title: _____
Date: _____

STATE OF CALIFORNIA
State Dept.: Department of Transportation
By: _____
(signature of designated officer)
Title: District Division Chief for Planning
Date: _____

DISTRIBUTION LIST

- ☒ Caltrans Headquarters Accounting (2)
- ☒ Caltrans District
- ☒ Recipient
- ☒ Caltrans Mass Transportation Program
- ☒ Caltrans Headquarters Audits

LIST OF ATTACHMENTS NEEDED ("X" AS REQUIRED)

- ☐ I. Project Application/Scope of Work
- ☐ II. CTC/TCRP Resolution
- ☐ III. Certification of Funds
- ☐ IV. 3rd Party Agreement
- ☐ V. Special Conditions

ATTACHMENT I

Project Application (TCR Projects only)
Scope of Work (non-TCR Projects)

For TCR Projects, please attach a signed copy of the original/revised
Project Application.

OR

For all other Projects, please clearly identify the *Cost Estimate, Scope of Work and Project Schedule*
for the total project. This will include the CTC approved Project Description, Project Schedule, Project
Financial Plan and the Overall Funding Plan. (Uniform Transit Application (UTA) format)

AND

Clearly identify the specific work to be performed under this allocation.

ATTACHMENT II
CTC/TCR Resolution

Please attach a copy of the CTC and/or Caltrans Resolution for this Program Supplement or a photocopy of the budget items for General Funded projects.

ATTACHMENT III**Certification of Funds**

This section is to be completed by the District and CT Headquarters Accounting.

TCR FUNDS

SOURCE DIST UNIT	CHARGE DIST UNIT	EXP AUTH GENERAL LEDGER SUB ACCOUNT WORK ORDER NO.	OBJECT	ALLOCATION AMOUNT	LED	FY	ENCUMBRANCE DOCUMENT NO.	PROJECT #
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure Stated above.					Signature of Accounting Officer			Date
ITEM		CHAPTER	STATUTES	FISCAL YEAR				

STIP FUNDS

SOURCE DIST UNIT	CHARGE DIST UNIT	EXP AUTH GENERAL LEDGER SUB ACCOUNT WORK ORDER NO.	OBJECT	ALLOCATION AMOUNT	LED	FY	ENCUMBRANCE DOCUMENT NO.	PPNO
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure Stated above.					Signature of Accounting Officer			Date
ITEM		CHAPTER	STATUTES	FISCAL YEAR				

OTHER FUNDS (indicate fund type)

SOURCE DIST UNIT	CHARGE DIST UNIT	EXP AUTH GENERAL LEDGER SUB ACCOUNT WORK ORDER NO.	OBJECT	ALLOCATION AMOUNT	LED	FY	ENCUMBRANCE DOCUMENT NO.	PPNO
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure Stated above.					Signature of Accounting Officer			Date
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OTHER FUNDS (indicate fund type)

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ITEM		CHAPTER	STATUTES	FISCAL YEAR				

ATTACHMENT IV
Confirmation of 3rd Party Agreement

Please attach the cover and signature pages, including the execution date of any 3rd Party Agreement(s) associated with this Program Supplement (only required for non-TCR construction or transit vehicle procurement projects).

ATTACHMENT V
Special Conditions
(If applicable)

This section is for special conditions related to this project as identified by the Department of Transportation.
This section would also include a copy of the Allocation Letter or Fund Shift Letter (if applicable).

Approved as to form and procedure

BY:	
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CALTRANS ATTORNEY	DATE